

**Delaware Center for Health Innovation
Workforce and Education Committee
December 10, 2015 Meeting Notes**

Attendees: Julane Miller-Armbrister, Bruce Kelsey, Joseph Kim, Jeffrey Hawtof, Sarah LaFave, Virginia Collier (phone), Joe Kaczmarczyk (phone), Laura Howard

Staff: Leslie Tremberth, Pete Haney, Dan Fields, Helen Arthur (phone)

Agenda

- Recap and Status Update
- Discussion: Recommendations for Credentialing Health Care Providers – Stakeholder Engagement
- Discussion: Delaware Licensing Standards Outline and Research Findings
- Discussion on Pipeline Projects and Timelines
 - RFP for Graduate Health Professionals and Learning and Re-Learning Curriculum
 - Recommendations for Credentialing Health Care Providers Consensus Paper
 - Workforce Capacity Planning Consensus Paper
- Next Steps

Summary of Discussion

Recap and Status Update

- Julane Miller-Armbrister reviewed general and committee updates from the DCHI Board including from the Board meeting held on December 9. Items of particular note included:
 - The information collected from the Cross-Committee meeting session on 11/10 included useful feedback particularly as it relates to the Patient and Consumer committee.
 - At the December DCHI Board meeting, the 2016 committee roster was approved. Current members will continue to serve and each committee was asked to review its charter to identify any necessary updates.
 - A question was raised about the scorecard and whether all issuers would be using the same card. Julane indicated that the measures are aligned. Dan Fields noted that approximately 75-80% of the measures will be the same for each payer as those on the scorecard although some issuers may provide information more frequently.
 - Wayne Smith from the Delaware Health Care Association presented a statement of principles that aligns with SIM work, especially as it relates to payment transformation and care coordination.
 - Dr. Janvier circulated the updated Healthy Neighborhoods map that was shared at the DCHI Board meeting.
- Pete Haney provided a recap of the last Workforce and Education committee meeting and follow-up items:
 - Based on follow-up correspondence since the last meeting, the consensus appears to be in favor of folding licensing into the credentialing consensus paper.

- The RFP under development includes both the Graduate Health Professionals and Learning and Re-Learning components. It is still expected to be released around the end of 2015.
- The committee still needs to identify an additional member to serve as part of the subcommittee focused on community health workers (Nadinia Davis previously offered to participate.)
- Dr. Janvier requested another cross-committee session with Healthy Neighborhoods in January and wants to bring in Andrea Rodi from the West Virginia Medical Institute to present.
- Recent Milestones
 - On schedule for GHP/Learning and Re-Learning RFP release and vendor onboarding
 - Revised questions for credentialing/licensing stakeholder engagement survey
 - Drafted outline of DE licensing standards for inclusion in credentialing consensus paper

Discussion: Recommendations for Credentialing Health Care Providers – Stakeholder Engagement

- Pete Haney reviewed stakeholder engagement efforts to date as well as a proposed approach for moving forward. He pointed out the need to engage more payer and provider groups in order to form a consensus and suggested that a survey might be an effective way to do this. The committee would work with the HCC to select stakeholders for participation.
 - Dr. Kelsey asked whether the survey would include hospitals, insurance companies and any other stakeholders.
 - Dr. Collier asked about post-acute care and suggested including stakeholders from this arena.
 - Julane Miller-Armbrister recommended including at least one Federally Qualified Health Center (FQHC) as the responses may differ from those of hospitals.
 - Dr. Hawtof pointed out that credentialing requirements are Federally regulated and that other considerations are most likely based on hiring guidelines and facility-specific requirements. He suggested setting up the survey to align across all measures.
- Pete Haney reviewed sample questions from previous stakeholder engagement efforts.
 - Dr. Hawtof discussed his work putting together a comparison of Beebe against State and Joint Commission requirements, which can be expanded to include other facilities. He noted that some standards were well aligned and that discrepancies generally pertained to timing. For the future, this could potentially be used as the standard for new employees coming to Delaware, and all facilities could verify the checking of primary sources. He believes this has great potential to make the credentialing process easier, especially as it could alleviate some administrative staff burden,
 - Julane Miller-Armbrister asked whether there was any variation in who can perform primary source verification. Dr. Hawtof responded that facilities are allowed to contract out to a group that meets the definition and that many do, including insurance companies. He floated the idea of whether these organizations could potentially contract with the State.
 - Pete Haney noted that the committee would talk to at least one more hospital, possibly Christiana Care, to see if their measures aligned.
 - Dr. Janvier asked about any nuances with specialty care. Dr. Hawtof responded that this is 90% Joint Commission for hospitals. He believes the nuances can be addressed and

that facilities may be willing to re-align policies to comply in order to make it easier for good candidates to come to Delaware.

- Pete Haney reviewed proposed questions for inclusion in a stakeholder survey and asked for suggested questions from the committee.
 - Dr. Kelsey noted that question 3 should be very specific about by whom one gets credentialed and suggested replacing 'doctor' with 'provider.'
 - Dr. Hawtof noted that question 4 should include credentialed along with licensed. He recommended listing provider types to enable more specific distinctions.
 - Dr. Hawtof suggested adding applicants as another option under question 2.
 - Sarah LaFave asked about the role of the organization in licensing, suggesting that is usually between the candidate and the State. Dr. Hawtof replied that it will be interesting to understand how these intersect and to group by organization type.
 - Sarah LaFave noted that it will be important to ask questions specific to each part of the process in order to see where things get stuck.
 - Dr. Hawtof suggested considering specific surveys for each type of facility, being careful to word each survey appropriately so that the terminology suits the facility type. Variations might include insurance companies, hospitals, employers, providers and maybe skilled nursing facilities.
 - Helen Arthur expressed concern that too many surveys might prohibit an apples-to-apples comparison and suggested that a next phase include more specificity.
 - Dan Fields suggesting addressing discrepancies in an intro paragraph and possibly including subquestions specific to each provider type.
 - The group discussed possibly outlining the challenges that the survey is seeking to address.
 - Dr. Collier asked whether any new classes of provider were being considered and suggested doing so in the context of transformational efforts.
- Pete Haney reviewed the licensing standards outline and noted that some feedback from the Cross-Committee session was about not setting the bar too high. Some of the suggestions and comments made by the committee included:
 - Including physical therapy, speech and psychology
 - Distinguishing between nursing and APRNs. APRN includes various subtypes (e.g. geriatric, psychiatric, etc.)
 - Distinguishing between 'medical practice' and 'nursing home' – the distinction is believed to relate to the providers operating in certain facilities.
 - Dr. Hawtof questioned the need for including an inventory section and suggested revising the section to highlight the differences between entities in order to highlight duplications and frame the scope of the issue.
- Pete Haney reviewed research findings related to licensing and credentialing requirements, specifically related to West Virginia and to the Council for Affordable Quality Healthcare.
 - The committee discussed reviewing Maryland and Pennsylvania because they compete with Delaware for employees and the findings might provide compelling evidence to move toward consensus.

- Dr. Hawtof noted that the Allied Health Role usually includes nurse practitioners, APRNs, and other specific roles. He asked whether the committee is trying to identify differences between specific provider types.
- Sarah LaFave mentioned updating this to reflect the Legislation that allows nurse practitioners to be PCPs. The committee will research states with similar initiatives.
- Julane Miller-Armbrister asked whether West Virginia has an easier time attracting providers (as a result of streamlining.)
- The committee discussed ProView and its use by all issuers in the state.
- Pete Haney raised a question about the possibility of enacting legislation related to credentialing. Dr. Hawtof suggested that providers would likely be okay with this while payers would be split. He asked which providers are already using specific tools.
 - Dr. Kelsey noted that for behavioral health, he has not seen anything but CAQH in use.
 - Julane Miller-Armbrister asked about gathering information regarding which states have credentialing legislation and what benefits have been realized as a result.
 - Sarah LaFave suggested the committee consider which parties might be negatively impacted by legislation.

Pipeline Projects

- Feedback on the Workforce Capacity Planning consensus paper has been received from one committee member; the outline will be re-circulated for additional feedback.
- Dr. Janvier noted that the committee charter will also be circulated for review and feedback.

Next Steps

- Next committee meeting is January 14. Looking into the possibility of scheduling a joint session with Healthy Neighborhoods.

Public Comment

- Judy Chaconas from the Division of Public Health suggested that the committee consider examining dentists relative to licensure in light of the shortage in DE.
- Dr. Janvier announced that the DCHI Board is considering uniform practices for soliciting public input for committee work at meetings. Beginning in January, hard copies of meeting materials will no longer be provided to the public at meetings.